**Facility Survey**

1. Interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Entity that owns the facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Entity that operates the facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Level of security (check all that apply): Minimum Medium High
7. Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Respondent Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing**

1. Total number of staff,by category

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Employees (n) | Contractors (n) | Total (n) |
| **Sum** |  |  |  |

**Incarcerated Population and Capacity**

1. What were the characteristics of the incarcerated population in January 2020 vs. the incarcerated population now?

|  |  |  |
| --- | --- | --- |
|  | **January 2020** | **Currently** |
| Inmate population (estimated average): |  |  |
| Average daily intakes: |  |  |
| Average daily transfers to this facility: |  |  |
| Average daily transfers to other facilities: |  |  |
| Average daily releases to community: |  |  |

1. Maximum occupant capacity per original facility design: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Maximum occupants at full capacity (as currently functioning): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have general visitation been restricted or suspended? Yes No Unknown
   1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
4. Have transfers to/from other prisons been suspended? Yes No Unknown
   1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
5. Have transfers to/from other jails been suspended? Yes No Unknown
   1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
6. Have restrictions been put in place with regard to in person legal appointments/attorney access? Yes No Unknown
   1. If yes, when did this go into effect? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

**Facility Services and Staffing**

1. Who provided the following services in January 2020 and who are they currently performed by?

|  |  |  |
| --- | --- | --- |
| **Service** | **January 2020** | **Currently** |
| Kitchen | Inmates Contractor Jail Staff | Inmates Contractor Jail Staff |
| Cleaning | Inmates Contractor Jail Staff | Inmates Contractor Jail Staff |
| Education | Inmates Contractor Jail Staff | Inmates Contractor Jail Staff |
| Laundry | Inmates Contractor Jail Staff | Inmates Contractor Jail Staff |
| Transportation | Contractor Jail Staff | Contractor Jail Staff |
| Groundskeeping | Inmates Contractor Jail Staff | Inmates Contractor Jail Staff |

**Coronavirus - General**

1. When was the first positive COVID-19 case identified at your facility (staff or inmate)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) 0Unknown

1. How many suspected (individuals with fever, cough, or shortness of breath) or confirmed COVID-19 cases have been identified at your facility since January 2020? (Write “unknown” if value not known).

|  |  |  |
| --- | --- | --- |
|  | **Among Inmates** | **Among Staff** |
| Suspected COVID-19 Cases (PUIs) |  |  |
| Confirmed COVID-19 Cases |  |  |
| Suspected Hospitalized COVID-19 Cases (PUIs) |  |  |
| Confirmed Hospitalized COVID-19 Cases |  |  |
| Any death |  |  |
| COVID-19-related Deaths |  |  |

1. Are staff or inmates tested for coronavirus? Yes No Unknown
   1. If yes, what test is being used? (check all that apply) OP Swab (PCR) NP Swab (PCR) Blood (serology) Unknown If known, specify name of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Who is currently being tested? (check all that apply) Symptomatic inmates Symptomatic staff Inmates exposed to a laboratory-confirmed COVID-19 case Staff exposed to a laboratory-confirmed COVID-19 case  New inmates to the facility  Random screening for at-risk inmates Random screening for at-risk staff  All staff  All inmates Upon staff request Upon inmate request Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown
   3. Is testing done on individuals once, or repeatedly over time? Repeatedly  Once
   4. Where are test results being processed? Public Health Lab Commercial lab Hospital lab Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown
   5. What is the average turnaround time from the time of testing to the result? \_\_\_\_\_\_\_\_\_\_\_\_\_ (days)Unknown
   6. How many tests can be processed a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronavirus – Staff** *(Write “unknown” if value or date not known).*

1. Are staff checked daily for symptoms prior to shift start? Yes No Unknown
   1. If yes, when were these measures implemented? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
   2. What is the threshold for a fever? \_\_\_\_\_\_\_\_F
   3. What happens if a staff member has symptoms?
2. Does a staff member have to disclose if they had a positive test? Yes No Unknown
3. If a staff member has a positive test, are they temporarily furloughed? Yes No Unknown
   1. If yes, for how long are they furloughed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Are they paid during the furlough? Yes No Unknown
4. Would it be possible to have staff assigned to work in a single inmate housing unit (or limit the amount of buildings they work in or work assignments they supervise)? Yes No Unknown
   1. If yes, is this currently being done? Yes No Unknown
   2. If yes, when were these measures implemented? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

**Coronavirus - Inmates**

1. Are all inmates checked daily for symptoms of coronavirus? Yes No Unknown
   1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
2. Are all new inmate intakes quarantined for 14 days before entering the facility general population?

Yes No Unknown

* 1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
  2. Are they quarantined: Individually As a cohort Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Are quarantined inmates checked daily for symptoms of coronavirus? Yes No Unknown
     1. If yes, when did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
     2. Is their temperature checked? Yes No Unknown

1. Are inmates who have laboratory-confirmed COVID-19 isolated from other inmates? Yes No Unknown
   1. If yes, how many laboratory-confirmed COVID-19 cases could you isolate before isolation capacity would be exhausted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. How are these individuals isolated: Individually As a cohort Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Are confirmed COVID-19 cases separated from suspected cases (PUIs) as well? Yes No Unknown
2. Are inmates who are suspected cases (PUIs) isolated from other inmates? Yes No Unknown
3. When would an inmate without symptoms be quarantined for 14 days? (check all that apply)

If exposed / had contact with a confirmed COVID-19 case  If exposed / had contact with a suspected COVID-19 case

* 1. How is exposure or contact with a COVID-19 case defined? (e.g., any close contact, part of the same unit, sleeps in same room) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. How many times per day are these individuals monitored for symptoms? \_\_\_\_\_\_\_ x per day
  3. What PPE is worn by the people who perform these checks? Check all that apply.

Gloves Face Mask Eye protection N95 Gown/Coveralls Unknown

1. Are inmates screened for COVID-19 symptoms before being released from the facility? Yes No Unknown
   1. What happens if they have COVID-19 symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the release of inmates who are under isolation or quarantine coordinated with the regional public health department? Yes No Unknown

**Personal Protective Equipment**

1. What level of PPE is worn/has available to each level of staff? Check all that apply.

|  |  |  |
| --- | --- | --- |
| Correctional officers | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Transport Services | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Legal | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Administrative | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Doctors | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Nurses | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Pharmacy | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Clinic Admin | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Maintenance | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Kitchen | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |
| Dental staff | Gloves Face Mask Eye protection N95 Gown/Coveralls | Unknown |

1. Are all staff who have direct contact with confirmed cases wearing N95 respirators, eye protection, gloves, and a gown? Yes No Unknown
2. Are all staff who have direct contact with suspected cases (PUIs) wearing N95 respirators, eye protection, gloves, and a gown? Yes No Unknown
3. Have cleaning and disinfection protocols changed since January 2020? Yes No Unknown
   1. If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
   2. If yes, how so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are inmates given cleaning supplies to clean their cells? Yes No Unknown

**Unit Survey [Complete this survey for each unit of the facility assessed.]**

1. Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Location (building, floor, room, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Level of security (check all that apply): Minimal Medium High
5. Respondent Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YY)

**Unit Characteristics**

1. Number of detainees currently in the unit: \_\_\_\_\_\_\_
2. Full capacity of unit: \_\_\_\_\_\_
3. Unit type: Single cells Dormitory (communal) housing
   1. How many beds per room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. If dormitory unit, are the sleeping areas: Cells or rooms with a door Cubbies or other enclosure without a door open dormitory  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of floors: \_\_\_\_\_\_
5. How many of the following items are present within the unit:
   1. Toilets: \_\_\_\_\_\_
   2. Sinks/handwashing area: \_\_\_\_\_\_\_
   3. Showers:\_\_\_\_\_\_\_\_

**Facilities access among detainees in the unit**

1. In the past two weeks, identify which facilities/items detainees have had access to and who uses the facilities/items.

|  |  |  |
| --- | --- | --- |
|  | **Access Level** | **Individual vs Shared** |
| Toilets | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Showers | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Dining Area | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Recreation Area (inside common area) | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Recreation Area or yard (outside) | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Phone Access | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Computer Access | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Commissary | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Library | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Facility Healthcare Clinic | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_ | All the time Restricted None Unknown | Cell only Unit only Multiple units different time Multiple units same time |

**Sanitation**

1. In the last two weeks, which of the following items have detainees been provided (check all that apply):

Hand Sanitizer Soap Face Masks  None Unknown

* 1. If masks are provided, how often are they replaced or washed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. If masks are provided, are they typically being worn:

Always Only outside of cell Only outside of dorm

* 1. If soap is provided, is it unlimited? Yes No Unknown
     1. If no, quantity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Could a detainee in this unit wash their hands at all times of the day: Yes No Unknown

**Work Units**

1. Do any detainees in this unit perform duties or services (e.g. work at the facility)? Yes No Unknown
   1. If yes, do they work in, Their unit only  Other common areas  Both
      1. [*if in other common areas*] Do they work with detainees from other units? Yes, at the same time/shift Yes, same areas but different shifts No Unknown
2. Which jobs are performed by detainees in this unit? Kitchen Library Education Laundry Groundskeeping Unknown Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing**

1. How many staff members are assigned to work in this unit? (extended time in this unit, or working with detainees from this unit) Total \_\_\_\_\_\_\_\_\_ (estimate if exact number not known); *by category:*
   1. Corrections: \_\_\_\_\_\_\_\_
   2. Environmental/maintenance: \_\_\_\_\_\_\_
   3. Admin: \_\_\_\_\_\_\_\_
   4. Healthcare: \_\_\_\_\_\_\_\_
   5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify job class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. How many staff members potentially are within 6ft of the detainees for any length of time in this unit for their regular duties? Total \_\_\_\_\_\_\_\_\_ (estimate if exact number not known); *by category:*
   1. Corrections: \_\_\_\_\_\_\_\_
   2. Environmental/maintenance: \_\_\_\_\_\_\_
   3. Admin: \_\_\_\_\_\_\_\_
   4. Healthcare: \_\_\_\_\_\_\_\_
   5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify job class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Coronavirus**

1. How many suspected (individuals with fever, cough, or shortness of breath) or confirmed COVID-19 cases have been identified in this unit since January 2020? (Write “unknown” if value not known).

|  |  |  |
| --- | --- | --- |
|  | **Among Detainees** | **Among Staff** |
| Suspected COVID-19 Cases (PUI) |  |  |
| Confirmed COVID-19 Cases |  |  |
| Suspected Hospitalized COVID-19 Cases (PUI) |  |  |
| Confirmed Hospitalized COVID-19 Cases |  |  |
| Any Death |  |  |
| COVID-19-related Deaths |  |  |

1. When was the first positive COVID-19 case identified at this unit (staff or detainee)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

1. When was the most recent positive COVID-19 case identified at this unit (staff or detainee)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)